

TO: Accounts Receivable
PHONE: 859.226.5815
FAX: 859.252.4178



Corporate Office
P.O. Box 519
Lexington, Ky 40588-0519
859.255.1021

For Office Use Only
Acct # _____
Date Opened _____

CREDIT APPLICATION

Type of Business? Proprietorship LLC Partnership Ltd Partnership Corporation
Tax Exemption? yes no **IF YES, YOU MUST attach a completed and signed purchase exemption or resale certificate with this application.**
These forms are downloadable from the " Business Solutions/Open An Account" section of www.lynnimaging.com
Purchase Orders Required? Yes No Job Name Required? Yes No Job Number Required? Yes No

GENERAL INFORMATION

Company Name _____
Billing Address _____
Street Address _____
required
City, State, Zip _____
County _____
Telephone () _____
Fax Number () _____
E-Mail _____
Website _____
Social Security # _____
Federal Tax ID# _____
Years in Business: _____ Incorporated in the State of: _____

TRADE REFERENCES

Not required for cash accounts or \$300 credit limits

① **Supplier** _____
Address _____

Telephone () _____

Contact Name _____

② **Supplier** _____
Address _____

Telephone () _____

Contact Name _____

③ **Supplier** _____
Address _____

Telephone () _____

Contact Name _____

SHIPPING INFORMATION If Different from Billing Address

Company Name _____
Shipping Address _____
Telephone () _____
Fax Number () _____

Have you ever filed bankruptcy under this name or any other name? _____

Have you ever had an account with Lynn Imaging under any other name? _____

BANK INFORMATION

Bank Name _____
Street Address _____
City, State, Zip _____
Contact _____
Phone Number _____
D & B Number: _____

PURCHASING CONTACT

Name/Department _____
Telephone/Extension _____
E-mail Address _____

ACCOUNTS PAYABLE CONTACT

Name/Department _____
Telephone/Extension _____
E-mail Address _____

LYNN IMAGING CRE DIT APPLIC ATION

PLEASE LIST

OFFICERS, OWNERS, OR PARTNERS

For more information about any of our se rvices, please call our customer suppo rt center at 859.255.1021 or 1.800.888.0693

Name _____
Office Held _____
Address _____
City, State, Zip _____
Name _____
Office Held _____
Address _____
City, State, Zip _____
Name _____
Office Held _____
Address _____
City, State, Zip _____

LOCATIONS

Corporate Office
328 Old Vine Street • Lexington, KY 40507
859.255.1021

Monster Color
432 Old Vine Street • Lexington, KY 40507
859.226.5840

Louisville
1460 Bluegrass Parkway • Louisville, KY 40299
502.499.8400

CREDIT TERMS, CONDITIONS AND SECURITY AGREEMENT

For the purpose of establishing and maintaining credit, the statements and information provided in and with this application are full, true and correct. Applicant authorizes Lynn Imaging to make inquiry into, to request, and to receive any information concerning character, general reputation, financial or credit status from creditors or financial institutions which Lynn Imaging deems relevant for the granting and collection of the proposed indebtedness and the Applicant authorizes any creditor or financial institution to divulge such informati on. Applicant understands that Lynn Imaging will rely on the accuracy of any information set fo rth in and with this application and all information obtained in determining whether to extend credit.

Applicant agrees to pay all charges within 30 days from invoice date. Applicant understands and agrees that payment for goods or services provided by Lynn Imaging in accordance with agreed-upon terms is not contingent on Applicants receipt of payment from any other party . A finance charge of 1.5% per month (18% annual) will be added to all accounts that are not paid within our terms (Net 30 days), until the past due balance is paid.

Applicant agrees to pay all costs of collectio n, including reasonable attorney fees, in the event Applicant fails to pay any charges when due.

Lynn Imaging reserves the right to not extend credit to the Applicant or to withdraw credit at any time at Lynn Imaging's sole discretion.

Applicant wishes to apply for credit with Lynn Imaging in accordance with these terms and conditions which have been read, understood and accepted. The undersigned is an officer or owner of Applicant and is authorized to represent and bind Applicant with respect to these matters.

SECURITY AGREEMEN T. Applicant grants Lynn Imaging a security interest in goods Lynn Imaging sells to Applicant to secure payment for the goods and any other amounts Applicant owes Lynn Imaging now and in the future. Each invoice related to the goods supplements and is incorporated by reference into this Security Agreement. The security interest also covers all s oftware related to the goods.

Signature Title Date

PERSONAL GUARANTEE: The undersigned jointly and severally promises to pay all charges made on the account opened with this information for the date below until such time as the guarantor shall withdraw his/her guarantee by a written document delivered by Ce rtified Mail to Office Manage r, Lynn Imaging, 328 Old Vine Street, Lexington, KY 40507, or ten (10) years from this date, whichever occurs frst. The maximum amount covered by this guaranty is \$100,000.00.

Signature Title Date